

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

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**September 23, 1997**

ADP 97-55

To : PROVIDERS OF DRUG/MEDI-CAL CERTIFIED NARCOTIC TREATMENT PROGRAM (NTP) SERVICES

Subject: QUARTERLY REPORT TO THE COURT ON THE IMPLEMENTATION OF THE SOBKY V. SMOLEY DECISION -- REQUEST FOR MEDI-CAL BENEFICIARY INFORMATION

On November 28, 1994, the Department of Alcohol and Drug Programs (ADP) filed a plan with the federal court for implementing the mandates of the Order for Permanent Injunction in the Sobky v. Smoley decision. A part of the implementation plan is the filing of a quarterly status report with the court through December 31, 1997.

Enclosed is the "Medi-Cal Beneficiary Information Survey, Narcotic Treatment Program (NTP) Provider Quarterly Report." The survey collects information on the number of slots designated by providers as available to Medi-Cal beneficiaries, whether any beneficiaries were placed on the "Provider Waiting List Record" due only to a lack of Medi-Cal funds, and the earliest date a beneficiary was placed on the list. Survey results are included in the quarterly report submitted to the court. In the report, an asterisk (*) in the column for reporting the number of slots available to Medi-Cal beneficiaries indicates that the provider did not respond. Please refer to the survey instructions for information on completing the survey.

For your convenience in responding, a postage-paid, pre-addressed envelope is enclosed. The completed survey may also be FAXed to Saralee Dinelli, Program and Fiscal Policy Branch, at (916) 323-0653. To enable us to meet the due date for filing the report with the court, and to eliminate the need for ADP staff to make follow-up calls to providers from whom we have not received a completed survey by the due date, please complete and submit the survey as soon as possible.

Questions or comments on completing the survey may be directed to Saralee Dinelli, Associate Program Analyst, Program and Fiscal Policy Branch, at (916) 327-4868. Thank you for your prompt attention in completing and submitting the survey and your continuing cooperation in assisting us in meeting the mandates of the court order.

Sincerely,

[Original Signed By]

GLORIA J. MERK, II

Deputy Director

Program Operations Division

Enclosure: [Medi-Cal Beneficiary Information Survey](#)

cc: County Alcohol and Drug Program Administrators
[Information Copy Only - No Response Required]

**California Department of Alcohol and Drug Programs
Program Operations Division**

**MEDI-CAL BENEFICIARY INFORMATION SURVEY
NARCOTIC TREATMENT PROGRAM (NTP) PROVIDER
QUARTERLY REPORT**

Instructions: Responses should only pertain to the provider shown in No. 1 and for the quarter shown in No. 2. Please return the completed survey in the postage-paid, pre-addressed envelope provided, or FAX to Saralee Dinelli at (916) 323-0653, so that it will be received by the due date shown in No. 3. The Provider Waiting List Record (PWLR) and clinic records contain the requested information.

1. Provider Name, Address and ID Number *(Please note address changes directly on survey form.)*

2. Reporting Quarter

July 1 - September 30, 1997

3. Due Date

Friday, October 10,
1997

4. On the last day of the reporting quarter (September 30, 1997), of the total NTP licensed capacity, how many slots were designated as available for enrollment of Medi-Cal beneficiaries?
(Example: Total NTP licensed capacity is 100 slots. Provider designates 50 slots as available for enrollment of Medi-Cal beneficiaries. On the last day of the quarter, Medi-Cal beneficiary enrollment is 36. However, the total number of slots designated as available for enrollment of Medi-Cal beneficiaries is 50. Therefore, the number to be reported No. 4a is 50, the total number of slots available, not 14, the number of slots unfilled, and not 100, the total licensed capacity. If the provider makes no designation and will enroll Medi-Cal beneficiaries up to 100 percent of their total licensed capacity, the number to be reported in No. 4a is 100.)

4a. Total Number of Slots Available to Medi-Cal Beneficiaries

5. At any time during the quarter, were any Medi-Cal beneficiaries placed on the PWLR for services? *(Refer to your PWLR, Column 3.)*

***If NO, go to No. 9, do not answer questions Nos. 6, 7 and 8.**

5a. Circle one.

YES NO*

Continue responses only if you answered YES in No. 5a.

6. If you responded YES in No. 5a, of the Medi-Cal beneficiaries placed on the PWLR, were any placed on the PWLR because of a lack of Medi-Cal funds?

6a. Circle one.

YES NO

7. If you responded Yes in No. 6a, how many beneficiaries were placed on the PWLR due only to a lack of Medi-Cal funds?
(Please provide a brief explanation of the reason why a beneficiary was placed on the PWLR.)

7a. Total Number of Medi-Cal Beneficiaries Placed on PWLR

8. Of the number listed in Item 7a, what was the earliest date any beneficiary was

8a. Earliest Date a Medi-Cal Beneficiary Was

<p>placed on the PWLR this quarter due <u>only</u> to the lack of Medi-Cal funds? <i>(Refer to Column 5 on the PWLR.)</i></p>	<p>Placed on PWLR</p>
<p>9. Printed Name of Clinic Director or Person Designated to Complete Survey</p>	
<p>10. Signature of Clinic Director or Designee</p>	<p>11. Date Completed</p>

Revised 3/97